

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/648,184-Conf. #5153
				Filing Date	August 25, 2003
				First Named Inventor	Amlan Datta
				Art Unit	1794
				Examiner Name	Hoa T. Le
				Attorney Docket Number	129843-1099
Sheet	2	of	2		

[illegible]

Examiner Signature	/Hoa Le/	Date Considered	10/13/2009
--------------------	----------	-----------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /H.L./